

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 97

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO

(c) Name of hospital or institution: SALE-BOWMAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS
(Specify whether _____)

In this community _____
years, months or days)

8. (a) PRINT FULL NAME JOHN W. RILEY

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife IDA L RILEY

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV 9 1867
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>72</u> | <u>9</u> | <u>0</u> | hr. _____ min. |

9. Birthplace OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business STONE QUARRY

MOTHER FATHER

12. Name D. F. RILEY

13. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Oehno

(b) Address Pittsburg Kansas

17. (a) BURIAL (b) Date thereof AUG 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtonia Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Neosho, Missouri

19. (a) 8-31-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEWTONIA
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 9
year 1940 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from AUG.
3, 1940, to AUG. 9, 1940
that I last saw him alive on AUG. 9, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Duration _____

Due to Chronic interstitial nephritis and edema

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: None

Of operations _____

Of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
5-46
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Neosho, Mo. Date signed 8/31

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number PHO-2628

Date Filed SEP 18 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Donald Reed

....., Registered Apprentice No. 202

working under my personal supervision.

Signed.....

[Signature]

Licensed Embalmer No. 2689

P. O. Address [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING., (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.